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Jacqueline Mast combines Hemi-Sync with innate sensitivities nurtured by her own magical childhood to help each of her young patients attain his or her full potential.

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# HEMI-SYNC AS AN ADJUNCT TO PEDIATRIC PHYSICAL THERAPY



by Jacqueline Mast, PT, MSEd

Jacqueline Mast is a pediatric physical therapist providing developmental evaluation and physical therapy to infants and young children at Mast Clinic, Inc., Portland, Maine. Jacqueline has published numerous articles in professional journals. She is currently writing/editing a textbook, Pediatrics for Physical Therapist Assistants (Prentice Hall), with an expected publication date of June 2002. She lectures internationally. Professional honors include: a fellowship in American Academy of Pediatrics and Developmental Medicine, Public Service Announcement Award from the California Governor's Committee on Employment of the Handicapped, and Best Practices in Pediatrics from the Maine Handicapped Children's Early Childhood Programs. Jacqueline uses her intuitive abilities to determine when Hemi-Sync is appropriate in therapy sessions and to choose the best selections for each case.

Prologue

As a child, I was never particularly grounded in "earth-time." My family's ranch was located on land that included an Indian burial ground. The spirits of those indigenous people were very real to my brothers and me. During elementary school, we regularly biked along the dirt and gravel roads that wound through the nearby Zamora Hills. Only the occasional sheepherder, his flock and his dog, and the foxes, golden eagles, coyotes, pheasants, and songbirds shared our isolation. One of my brothers called the place a "hole in the universe."

Perhaps I should have been better socialized after summer camp with city kids and attendance at a 2,000-student high school. However, my siblings and our friends from neighboring ranches had always communicated telepathically. Our behavior never seemed unusual until a visiting college friend stated, "At the Mast's, you can go an entire weekend without saying a word!" A roommate once came home from shopping puzzled about why she had purchased an item I'd been thinking we needed. She accused me of "thinking too loud." I tried to use words as my primary medium of information exchange after that.

A number of other events contributed to disowning my paranormal sensitivities. Shortly after beginning my career in physical therapy, I angrily thought, "I hope he hurts himself," after repeatedly telling a little boy not to run. It frightened me when he fell. In a Tarot class I was unable to "walk through the card" as instructed. Instead, I slid down the rainbow on the card to its edge and found myself 3,000 miles away in my beloved Zamora Hills. The blank looks in the eyes of my teacher and fellow students as I described the out-of-body experience discouraged further sharing. A Tarot reading seemed to foreshadow my cousin's suicide, so I stopped using the cards. I continued out-of-body travels, however, until my daughter's birth, and then shut them down completely. What if I couldn't get back to her?

By the time my children were old enough to be independent, I'd forgotten how to go out-of-body and I'd lost my talent for telepathy. Hemi-Sync reminded me and reopened closed doors. OOBEs to my parents' ranch fed my spirit and renewed my confidence. I tentatively began to give myself permission to communicate nonverbally with the preverbal children in my care.

Now I am once again becoming less and less grounded in earth-time. I work with infants and young children physically, but intuitive insights also comprise a large part of my therapeutic approach. Babies cannot complain in words; infants and young children do not always recognize pain if it is chronic. I often pick up subtle cues that have been missed by numerous physicians. Sorting out what is going on with the child is frequently a long process that requires much mental processing on my part. While trying to figure out exactly what I've seen, felt, and touched, it is often hard to process routine daily information without feeling greatly distracted. Frequently, things will sort themselves out during sleep, and I'll suddenly awaken with an "Aha!" Listening to Hemi-Sync, particularly Concentration, speeds up my processing time considerably.

### The Philosophy of My Practice

My clinical practice in physical therapy includes infants and young children who are "outside the norm" in terms of health, development, or body structure. I chose to work with infants because they are so clear. Babies have not learned social/emotional behavior that masks the truth of who this spirit is that has come to visit the Earth. The pure energy of babies is a lovely experience. While working with their physical bodies, it is natural to connect intuitively and/or telepathically. Infants and children have their own unique, individual developmental patterns and pace. Even so, normal milestones occur in a slightly variable but predictable sequence. When a baby's developmental process is out of the ordinary or out of sync, caregivers generally get a gut feeling that something is not right. These are the children I see in my practice.

It is devastating for parents to learn that their baby is critically ill, has physical abnormalities, or is developmentally delayed. Parents grieve for their less-than-perfect child and for the perfect child they'd anticipated and expected to raise. Parental depression adds another challenge to the growing

baby's difficulties. Parents seek me out because I've found ways to help them recognize the joy and wonder in their child and his or her capabilities. I help parents feel good about their lovely little person and about their own competence in loving caregiving.

### Case Studies

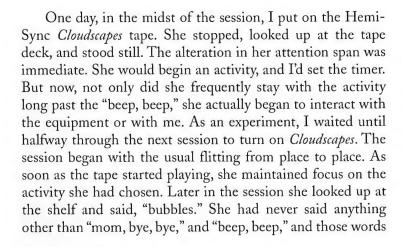
Case 1 – I first used Hemi-Sync as an adjunct to physical therapy while helping a boy with attention deficit and hyperactivity prepare for kindergarten. He was unable to perceive details and visually track information on paper. To lay the groundwork for reading, I tried board games and mazes. There was little change until I played the *Concentration* tape as we did the activities. His inattention to details immediately changed. He followed a maze with his pencil without once being distracted. I really knew it was working when the tape clicked off and he began to make the rhythmic "shh, shh, shh" sound of the tape. The boy had no trouble learning to read.

Case 2 – A newly adopted girl from China was referred to me by her pediatrician, who said, "I think she's deaf. I want you to do a developmental evaluation. We don't know how old she is but we think she's about eighteen months." The child was neither walking nor crawling. It was clear to me on the first visit that she was not deaf, just shutdown. The most fascinating thing about her was her accompanying retinue—a roomful of ancestors! I could see and feel them looking down on us with worry. Assuming they would think I was crazy, I did not mention the ancestors to her adoptive parents. I worked with the little girl for a few months until she was walking and beginning to talk. She developed into a typical child. As her senses slowly opened to become comfortable in our world, the ancestors gradually receded. During their final visit to my clinic, her adoptive mother offhandedly remarked, "At least the ancestors are gone. They must trust us to take good care of her."

Case 3 - A two-year-old with autism flitted from one place to another in the clinic, staying with an activity for no more than a few seconds before moving on. I would follow her around until she engaged in an activity, then set a timer, hold her where she was (e.g., on a rocking horse), and tell her to stay until the timer went "beep, beep." This method was not very effective for getting her to pay attention to and actively engage in the activity. She focused on the timer instead, saying "beep, beep" every so often until it went off and she was allowed to escape. One regular activity was sitting in a cone to work on balance while I simultaneously attempted to distract her by blowing bubbles. Preparation involved getting a towel for each of us, moving the cone from its storage place to the center of the room, and getting the bubbles from the shelf. I would generally lose her to something else before everything was assembled. The sessions were exhausting because she required constant vigilance.



Spacious vistas at the Mast farm



The cone is unstable unless a child uses internal balance mechanisms to remain upright. Leaning to one side or the other will tip it over. The cone's shape also occludes extraneous visual stimuli from the sides. When using it, I sit directly in front of the child. Because other input is minimized, I can provide appropriate visual and auditory cues as needed. The sense of being unstable is frightening for some children. Bubbles provide a distraction.





Practice environment

were uttered immediately after I had used them in a sentence. The little girl then proceeded to fetch two towels, one of which she handed to me. She walked over to the cone and attempted to drag it from its storage space. I was astonished! From that session on, if I did not turn on the tape, she would look up at the tape deck and announce, "music!" Her overall ability to engage productively continually improved, and an obvious "inner-settling" occurred with *Cloudscapes*. It appeared to provide an integrating mechanism for her senses.

Case 4 – A thirteen-month-old boy with minimal visual impairment was referred to me because he was not yet crawling. He was very unhappy and would cry for entire sessions. His crying frustrated me because it was a barrier to interpersonal interaction and prevented him from making any devel-

opmental progress. One day, his mother mentioned that he liked music at home. So, I let him play with bells, a xylophone, and other sound-producing toys. There was little difference. At my wit's end, I finally put on the Hemi-Sync tape *Inner Journey*. His crying ceased within minutes. From that point on, I played *Inner Journey* or *Cloudscapes* for every therapy session. Although the boy still cried occasionally, he was generally interactive with me. He frequently cocked his head with an ear toward the tape. Motor development improved, and he eventually walked.

Case 5 – A child who had a terminal illness characterized by normal early development, then slow deterioration, came to my clinic for four years. When she was two years old, her enormous energy filled the entire clinic. Her parents and I, as well as others who knew her, sensed that she had been a

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### HEMI-SYNC AS AN ADJUNCT TO PEDIATRIC PHYSICAL THERAPY Continued

powerful but benevolent monarch in a past life. As time passed, her energy, eyesight, hearing, and motor abilities waned. She changed from an active little girl who kept me busy the entire session to one who preferred to ride in the swing or sit by her father. On one of our last days together, we sat quietly and made direct eye contact. I was transported with and by her—to somewhere far away. I recognized Focus 10 as we passed through. She took me to a place far beyond anywhere I'd traveled out-of-body. While we were in that peaceful place, she let me know that this place was where she now spent most of her time. She also let me know that although she no longer needed me, it was okay. With startling speed, I was suddenly back in my clinic. Before I could react, her father matter-of-factly stated, "She does that to me all the time now." Perhaps the experience we shared is best characterized by a quote from Sophie's World, by Jostein Gaarder. "They have felt themselves wrenched out of Time and have experienced the world 'from the perspective of eternity."

### Discussion

Hemi-Sync has enriched my life and my clinical physical therapy practice in a two-fold manner: by serving as a catalyst to reawaken my intuitive abilities and by helping my young patients to be calm and to focus. My intuition indicates that Hemi-Sync modulates a child's sensory processing (and mine, as well) in ways that enable us to work together more effectively.

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